

## MISSISSIPPI BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS AND SURVEYORS

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(Name and Address of Reference)

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(Name and Address of Applicant)

I have submitted application with the Mississippi Board of Licensure for Professional Engineers and Surveyors for licensure to practice professional surveying in the State of Mississippi. I have given your name as a reference and have submitted to the Board Office a signed, sworn and notarized certification of release statement authorizing "any individual, company or institution with whom I have been associated to furnish the Mississippi Board of Licensure for Professional Engineers and Surveyors with any information concerning my qualifications for professional licensure in Mississippi which they have on record or otherwise, and do hereby release the individual, company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information."

I would appreciate you sending the information requested on the reverse side directly to the Board via email at [information@pepls.state.ms.us](mailto:information@pepls.state.ms.us) or in a stamped addressed envelope which I have provided.

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(Signature of the Applicant)

**Board Statement to the Reference and / or Experience Verifier:**

***This Board is required by law to ascertain that the applicant has met the experience requirement sections of the Licensure Law; therefore, we need this reference form completed, signed, sealed (if you are a PS), and returned by you. The Board is also required by law to obtain evidence of the good character and qualifications of applicants before licensure. We cannot consider an applicant for licensure or admit a candidate for examination until replies are received from references, including three Professional Surveyors. A prompt reply will expedite our handling of the applicant's request for licensure.***

***The Board desires to emphasize that evidence submitted on this form should not be perfunctory nor be made for the mere purpose of aiding the applicant to be licensed. On the contrary, the execution of this statement by any person will be accepted by the Board as a deliberate act made with full knowledge of the responsibility toward the public interest involved. Please be mindful that the applicant is not being considered for membership in an organization but for licensure as a Professional Surveyor, qualified to practice in Mississippi.***

***The completed form can be emailed directly to the Board Office at [information@pepls.state.ms.us](mailto:information@pepls.state.ms.us) but must be received directly from the respondent. Forms submitted by the applicant will not be accepted. If you are using regular mail to submit the completed form, please seal the envelope and sign your name across the sealed flap. Please ensure that you have the correct mailing address and sufficient postage.***

***Please feel free to call us should additional clarification be needed.***

The Mississippi Board of Licensure for Professional Engineers & Surveyors  
455 North Lamar Street, Suite 208, Jackson, MS 39202  
Office: 601-359-6160 / Email: [information@pepls.state.ms.us](mailto:information@pepls.state.ms.us)

Name of Applicant: \_\_\_\_\_

Name of Character Reference\* \_\_\_\_\_ Are you a Professional Surveyor? \_\_\_\_\_

If so, please indicate your License No. \_\_\_\_\_ State: \_\_\_\_\_

Are you verifying experience as a PS Supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please remember to sign (and stamp, if applicable) the form on the second page.**

**Experience Verification Section** (to be completed by the PS Supervisor only):

1. The experience I am verifying is (was):  full time  part time. If part time, how many hours per week? \_\_\_\_\_
2. What is the total amount of experience you are verifying? \_\_\_\_\_ years \_\_\_\_\_ months
3. What are the dates of PS supervision: From: \_\_\_\_\_ To \_\_\_\_\_
4. According to the definition of surveying, how much specific experience does the applicant have in each of the following categories. Keep in mind that experience is based on a 40-hour work week. Experience for part time work should be prorated appropriately.

Your response in this section should list out the amount of experience obtained in each category and not the total amount of experience that you are reporting for the applicant.

**For example, if the applicant worked for you for two years, of which 8 months was completing boundary work in the field, then you should report 8 months for the boundary experience and segment out the remaining areas (i.e. topographic, construction, researching records, other) as applicable.**

Category	Years	Months
Boundary	_____	_____
Topographic	_____	_____
Construction	_____	_____
Researching records	_____	_____
Other (explain)	_____	_____
<b>Total</b>	_____	_____

Note: If you are providing a character reference only, then you need to complete the Character Reference Section on the second page as well as sign and date the form.

5. Considering the need to protect the public's health, safety and welfare, in your opinion how does this applicant rank in professional competence and responsibility:

- Qualified     Additional Experience Needed     Unqualified

Provide additional details below, where needed:

6. Do you recommend the applicant for PS licensure?     Yes     No

Provide additional details below, where needed:

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**Character Reference Section** (to be completed by reference. PS supervisor should complete if also providing a reference.):

1. How well do you know the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_

3. How do you know the applicant? \_\_\_\_\_

4. What is your opinion of the applicant's personal integrity and general character?  
\_\_\_\_\_  
\_\_\_\_\_

7. I certify that the above statements are correct to the best of my knowledge, not made for the purpose of aiding an unqualified applicant to become licensed but with full realization of the responsibility toward the public where life, health and property is concerned or involved.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Email address: \_\_\_\_\_

Date \_\_\_\_\_

Affix seal in this area.